Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR **SMALL ENTITY** SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =X S = OR x s = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED -- PART II OTHER THAN OR (Column 3) (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE RATE ADDI-ADDI-ENT **EXTRA AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDMI Minus ١X (37 CFR 1.16(c)) OR Independent Minus 0 ช (37 CFR 1.16(b)) X S = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI OR X \$ Minus L OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**AFTER PREVIOUSLY EXTRA** ENDMENT TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) X S OR X S Independent (37 CFR 1.16(b)) Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

C) 4/1/1/1/1/1/1/1/ (*														
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Application or Docket Number													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED NUM			UMBER	EXTRA		RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			90 minus 20=			. 70			X\$ 9=		OR	X\$18=	1260.00	
INDEPENDENT CLAIMS)9 minus 3 = ! /				0		X39=		OR	X78=	1,24810	
MULTIPLE DEPENDENT			CLAIM PRESENT						+130=	 		+260=	Jorgon	
* If the difference in column 1 is less than zero, enter "0" in column 2							column 2	 	TOTAL	 	OR	+260≘ TOTAL	12.108	
CLAIMS AS AMENDED - PART II								1	IOIAL	L	Jon	OTHER	THAN	
	AND SOLL OF ADDRESS.	(Column 1) (Column 2) (Column 3)						٠ .	SMALL	ENTITY	OR	SMALL		
ENT A	¥ 12/	REM.	AIMS IAINING FTER NDMENT		NU PRE\	GHEST JMBER VIOUSLY LD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.0	0	Minus		(U	=		X\$ 9=		OR	X\$18=		
AME	Independent -	·	<u>a</u>	Minus	***	19	=	Ì	X39=		OR	X78=		
	FIRST PRESEN	VIAIR	IN OF MU	JUTIPLE DEF	,ENDFI	NT CLAIM	<u></u>		+130=		OR	+260=		
				,			. *	L	TOTAL ADDIT, FEE			TOTAL ADDIT, FEE		
			umn 1)			 lumn 2)	(Column 3)		ADDII. FEE			AUUI I. FELI		
DMENT B		REM AF	AIMS IAINING FTER NDMENT		NU PRE\	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	\cdot	10	Minus	.()	0	= /		X\$ 9=		OR	X\$18=		
AMEN	Independent FIRST PRESEN	NTATIC	ON OF MI	Minus ULTIPLE DEF	PENDE	NT CLAIN	=/		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
	•							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	and the Court of the Court of		umn 1)	and the same of th		lumn 2)	(Column 3)	e ·			•			
AMENDMENT C		REM. AF	AIMS IAINING FTER NDMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total .	<u></u>	<u>{U</u>	Minus	<u></u>	<u> </u>	= /		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESEN	MTATIC	N OF MI	Minus ULTIPLE DEP	PENDE	AT CLAIM	7	Ī	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														